Family PACT: Provider Guidelines for Determining Client Eligibility

The Family PACT provider, through the Family PACT provider application documents, accepts the responsibility for appropriate determination of eligible clients according to program guidelines and administrative practices described in this section.

Client Enrollment System: HAP

Providers use the Health Access Programs (HAP) concept – an onsite client enrollment system – for determining client eligibility, certifying client's as eligible, and activating the client's HAP card. HAP is designed to reduce barriers to client participation in Family PACT services so that care is available to eligible clients in a timely manner.

Provider Determines Client Eligibility

Information reported by the client about health care coverage, family size and income is used by the provider to determine eligibility. The client must meet all of the eligibility criteria outlined in this section.

Client Eligibility

Clients must meet all the following criteria to be eligible for Family PACT services.

- Be a resident of California (have a California address)
- Have a gross family income at or below 200 percent of the Federal poverty level
- Be determined by the Family PACT provider to be at risk of pregnancy or causing pregnancy
- Have no other source of health care coverage for family planning services, or meet the criteria specified for eligibility with Other Health Coverage (OHC)

Client Ineligibility

Ineligibility for Family PACT services occurs when the client:

- Has other health care coverage for family planning services and has not requested that services be kept confidential from spouse, partner or parent. The provider must bill the other health care coverage
- Has full-scope Medi-Cal. Medi-Cal with Share Of Cost (SOC) is met on the date of service
- Has Medi-Cal managed care
- Is not a California resident
- Has a gross family income that is more than 200 percent of the Federal poverty level
- Is not at risk of pregnancy or causing pregnancy
- Is older than 55 years of age for females and 60 years of age for males

  Note: Due to the limited scope of services and the focus on reproductive health, it is necessary to establish age limits for eligibility. Childbearing years for women are generally up to 55 years of age, by which time most women are menopausal.

- Is an inmate of a public institution, including prison, jail or juvenile detention center (See the *Eligibility: Special Groups* section in the Part 1 Medi-Cal provider manual)
- Does not meet the conditions in "Eligibility Determination at Each Visit" elsewhere in this manual section

Provider Responsibilities

The Family PACT Program requires a formal onsite client application, eligibility determination and enrollment process before a client receives services. Each Family PACT enrolled provider must:

- Be responsible for determining the initial and continuing eligibility of each family planning client based upon the client's completion of the Client Eligibility Certification (CEC) form (DHS 4461), which includes the client's self-declaration of family size, income and health care coverage. Providers must not ask clients for proof of family size, income or California residency.

  Eligible clients are women who are at risk of pregnancy or men who are at risk for causing pregnancy, who are residents of California with incomes at or below 200 percent of the Federal poverty level, with no other source of family planning health care coverage, except as specified in "Eligibility for Clients With Other Health Coverage" in this section.

- Assist the applicant as necessary in completing the CEC.

- Request the client's Social Security Number (SSN). The inability of the client to provide the SSN shall not deny client access to family planning services if all other eligibility criteria are met.

- Be responsible for the training of its eligibility determination personnel with regard to the procedures in these instructions and for providing continuing training and updates as needed.

- Be accountable for eligibility determination according to the administrative practices defined by the program and within the Family PACT *Policies, Procedures and Billing Instructions* manual.

- Upon the determination of client eligibility, providers must issue the HAP card to the client. Failure to comply may jeopardize provider participation in the program. See the *Family PACT: HAP Identification Card and Activation Process [familypact8]* section in this manual.

- Confirm eligibility status at each subsequent visit (see "Eligibility Determination at Each Visit" in this section for additional information).

- Comply with the fair hearing decisions of the Office of Family Planning or the Director of the Department of Health Services. If the applicant is ineligible for any of the above reasons, the provider must give the applicant a copy of the *Fair Hearing Rights* located on the backside of the CEC form. For information about completing the CEC, refer to the *Family PACT: Client Eligibility Certification (CEC) Form Completion [familypact7]* section in this manual.

- Inform the client of the limited scope of services available under the program.

- Not request a donation or other amounts in conjunction with the provision of family planning services. If a non-profit agency customarily asks for donations it must be done in such a way that it is made to all clients in the same manner and is not associated in any way with the client eligibility and activation process or with the delivery of services to Family PACT clients.

- Agree not to charge clients for enrollment in the Family PACT Program or for rendering services that are benefits of the program, including laboratory and pharmaceutical services.

- Agree not to charge clients for the exchange or transfer of medical record information.

Determination of Eligibility

The steps for determining the eligibility of a client are as follows:

- Determine if the client is a Medi-Cal recipient with full-scope family planning coverage or if the client has other health care coverage for family planning services. At each visit, a client with a Medi-Cal Benefits Identification Card (BIC) must be screened for eligibility and the provider must bill the Medi-Cal program if the client is Medi-Cal eligible for family planning services and has met all share of cost on the date of service. Medi-Cal payment sources should always be billed first when applicable.
- Determine the age of the client. If 17 years of age or younger, the client is considered a minor. If 18 years of age or older, the client is considered an adult. A single, childless minor may be considered a family of one for the purpose of determining eligibility when considering gross family income.
- The "Basic Family Unit" must be taken into account when determining family size. The "Basic Family Unit" consists of the applicant, spouse (including common-law) and minor children, if any, related by blood, marriage, adoption, or under guardianship, and residing in the same household. When adults, other than spouses, reside together, each person shall be considered a separate family. This also applies to adults living with their parents. Children over the age of 17 are not counted in the "Basic Family Unit."

  Note: California recognizes "common-law" marriages established in other states (where common-law marriages are legally recognized); it does not recognize common-law marriages occurring in California.
- Determine the client's gross family income. The client's self-declaration must be accepted without further verification. Refer to "Gross Family Income Definition" in this section.
- Find the client's declared family size and income in the "Income Eligibility Guidelines" in this section. If the client's income is at or below the maximum for their declared family size, the client is eligible for Family PACT services.

Gross Family Income Definition

"Gross Family Income" means the monthly sum of income received by an individual from the sources identified by the U. S. Census Bureau in computing income. Monthly gross income for migrant farm workers and other seasonally employed persons may be computed by averaging total gross income received during the previous 12 months.

U.S. Census Bureau Sources of Income

- Money wages or salary
- Net income from non-farm self-employment
- Net income from farm self-employment
- Social Security
- Dividends, interest (on savings or bonds), income from estates or trusts, net rental income or loyalties
- Public assistance or welfare payments
- Pension and annuities
- Unemployment compensation/disability insurance
- Workers' compensation
- Child support
- Veterans' pension
- Alimony

Note: Allowances given to minors are considered income when determining eligibility for family planning services.

Income Excluded from Computation of Monthly Gross Income

- Per capita payments to or funds held in trust for any individual of in satisfaction of a judgment of the Indian Claims Commission or Court of Claims
- Payments made pursuant to the Alaska Native Claims Settlement Act to the extent such payments are exempt from taxation under Section 21(a) of the Act
- Money received from sale of property, such as stocks, bonds, a house, or a car (unless the person was engaged in the business of selling such property, in which case the net proceeds would be counted as income from self-employment)
- Withdrawals of bank deposits, money borrowed, tax refunds, gifts, or capital gains
- Lump-sum inheritances or insurance payment
- The value of the food stamp coupon allotment in excess of the amount paid for the coupons
- The value of USDA-donated foods
- The value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food program under the National School Lunch Act
- Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970
- Earnings of a child under 14 years of age (no inquiry shall be made)
- Loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs
- Any grant or loan to any undergraduate student for educational purposes made or insured under any program administered by the Commissioner of Education under the Higher Education Act
- Home produce utilized for household consumption

SOURCE: *Manual of Policies and Procedures*, Division 30, Social Services, Section 30-009.

Income Eligibility Guidelines

The income eligibility guidelines are updated by the federal government annually and providers are notified in the *Medi-Cal Update* by DHS upon publication of revised guidelines. The Poverty Income Guidelines are effective upon annual notification.

The table below displays the Family PACT income eligibility guidelines. The guidelines below reflect the poverty income guidelines as published for Family PACT effective July 1, 2001.

200 Percent of Poverty		
Family Size	**Annual Income**	**Monthly Income**
1-person family	$17,172	$1,431
2-person family	$23,220	$1,935
3-person family	$29,268	$2,439
4-person family	$35,304	$2,942
5-person family	$41,340	$3,445
6-person family	$47,388	$3,949
7-person family	$53,424	$4,452
8-person family	$59,460	$4,955
9-person family	$65,608	$5,459
10-person family	$71,544	$5,962
For each additional member added	$6,048	$504

Table 1. 200 Percent of Poverty by Family Size.

Third Party Payment Sources

Clients with third-party payment sources are those who present with coverage from other sources of payment for family planning services, including Medi-Cal, prepaid health plans, military or private health insurance. If coverage is intermittent, status at the time of certification determines eligibility.

Documentation Requirements

Providers must document in the client's record if the person requesting family planning services has financial coverage for such services under any third-party payment source. If so, that source of funding must be billed for the family planning services and the billing must be documented in the client's file.

Eligibility for Clients With Other Health Coverage

Clients who have Other Health Coverage (OHC) are eligible for Family PACT services if:

- The OHC does not cover any family planning contraceptive methods.
- The OHC requires an annual deductible or patient portion that has not been met on the date of service.

  Note: If the OHC is insurance and there is an insurance co-payment per visit, the client is not eligible for Family PACT services. The provider would collect the co-payment, render services and bill the third party insurance.

- A barrier to access exists. A barrier to access is when a client's Medi-Cal, private health insurance or prepaid health plan does not assure provision of services to a client without his or her spouse, partner or parents being notified or informed. If the client indicates on the Client Eligibility Certification form that family planning services should be kept confidential from spouse, partner or parent, there is a barrier to access and the client is eligible for Family PACT services, if the client meets the family size and income eligibility requirements.

  Note: This applies to all clients regardless of age or marital status.

- The client has a Medi-Cal unmet Share of Cost (SOC) on the date of service. After any SOC has been met and the client has full-scope Medi-Cal benefits, the client is not eligible for Family PACT services, and the provider must bill Medi-Cal for any services.
- The client has limited-scope Medi-Cal that does not cover family planning.
- The client has full scope Medi-Cal but requests that family planning services be kept confidential from spouse, partner or parent.
- The client is a student who has only student health care services and no health care coverage for any contraceptive methods. The student must meet the family size and income eligibility requirements.

Eligibility Period

Family PACT clients are certified for the program for a maximum of 12 months or until the client's eligibility status changes. Twelve months represents 365 days (for example, February 4, 2001 through February 3, 2002). In no case should the effective date of eligibility be prior to the date of certification. Family PACT may not be billed for services provided prior to the date of the client's certification.

Eligibility Determination at Each Visit

A provider or designee must determine client eligibility at each visit. A client's income, family size and health insurance status must be reaffirmed. If there is a change in any information contained on the Client Eligibility Certification form, the provider must update the client's HAP eligibility file through the Automated Eligibility Verification System (AEVS), a T7 Point of Service (POS) device or the Internet. The client must be asked to present evidence of Other Health Care, such as health program identification cards.

Clients With BIC Cards

If the client has a Benefits Identification Card (BIC), the provider must determine if the client is eligible for Medi-Cal-funded family planning services on the date of service. Clients are not eligible for Family PACT funded services if:

- The client has a Benefits Identification Card (BIC) card with full scope Medi-Cal family planning benefits.
- The client has Medi-Cal family planning services with a Share of Cost (SOC) that has been met.
- The client is a Medi-Cal managed care client.

Note: Clients are eligible for Family PACT funded services if they request confidentiality from spouse, partner or parent. (Refer to "Eligibility for Clients With Other Health Coverage" in this section for additional information.)

Clients With HAP Cards

If the client has a HAP card, the provider must determine if the client is still eligible by confirming family size and income. The client must complete a new CEC form annually or when there has been a change in family circumstances. If the client presents without a HAP card but is known to have had one, fill out a HAP replacement card (blank card) with the client's name and HAP number. Do not issue another HAP card.

Recertification

A client must be re-certified for eligibility annually at the first visit following each 12-month period of eligibility.

Note: Recertification may be conducted prior to the annual expiration date in order to avoid lapsing coverage and to ensure that services are reimbursed.

Any enrolled provider may recertify clients. For each annual re-certification providers should:

- Use a new CEC form to re-determine eligibility.
- Recertify using any existing HAP card. Do not issue a new card or number.
- Attempt to contact the previous Family PACT provider for the HAP card number if a client presents without a HAP card yet indicates that one exists. Complete a HAP replacement card (blank card) with the client's name and HAP number. The recertifying provider may do an "Inquiry" transaction with the HAP number to verify the name and other client information submitted at the last certification.

Deactivating HAP Card

Any changes affecting eligibility must be addressed at each visit. If the client is no longer eligible, the provider must deactivate the client's HAP card and refrain from billing Family PACT for services. Refer to "Client Ineligibility" elsewhere in this section for additional information.

Reactivation Upon Completion of Pregnancy

Clients who become ineligible due to pregnancy may be re-certified upon completion of the pregnancy.

Completing New CEC and Verifying Eligibility With HAP

If the client was previously determined ineligible and returns to the clinic, a new CEC form must be completed to determine eligibility. If the client goes to a new clinic, the new provider must do an inquiry of the HAP system to verify prior eligibility and obtain the client's demographic information stored in the HAP system. If the client remains eligible, the provider must update any changes in the HAP eligibility system.

Notice of Eligibility Determination

All applicants for Family PACT services must be verbally informed of their eligibility or ineligibility at the time of the certification or recertification. Clients who are ineligible must be offered a copy of the completed CEC form, which includes the *Fair Hearing Rights* form. The client must also be informed of the fair hearing request process.

Fair Hearing

Applicants or clients have the right to a fair hearing with respect to the denial of eligibility or services. When a client is denied eligibility or services, the *Fair Hearing Rights* form (located on the reverse side of the CEC form) must be given to the client.

Client Notification

The provider must verbally advise the client of the following at the time the client presents for family planning services:

- The Family PACT eligibility requirements.
- The Family PACT scope of benefits: The Family PACT Program is limited to reproductive health and family planning. Family PACT is not a primary care program.
- The confidential nature of the information received, including the fact that parents, spouse or partner will not be contacted without the client's consent, if requested.
- The right to request a fair hearing.